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AUTHOR Wiggins, Xenia
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ABSTRACT

This conference report reflects thoughts expressed at a regional workshop held in New Orleans in 1972 to discuss issues related to drug education in the public school system. Participants were coordinators in State departments of education in the region, teachers, school administrators, community program directors, teacher trainers, and state legislators. The workshop addressed six major issues: (1) When and Where Should Drug Education Begin? (2) What Educational Concepts and Methods are Appropriate for Various Developmental Levels? (3) How Can the School Reach High Risk Students? (4) What Issues are Involved in Establishing a Policy to Handle Drug Discovery? (5) What Is the School's Responsibility for Educating Parents?, and (6) What Are the Implications for Teacher Training? An appendix presents and analyzes the Maryland drug abuse law, generally recognized as highly progressive and viable. (Author/CJ)

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PUBLIC SCHOOLS AND DRUG EDUCATION

Report of A Conference

SOUTHERN REGIONAL EDUCATION BOARD

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PUBLIC SCHOOLS AND DRUG EDUCATION

Report of a Conference

by

Xenia Wiggins

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Civilization is a race between education and catastrophe.

H.G. Wells

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INTRODUCTION

The Southern Regional Education Board, an interstate compact to improve the quality of higher education among its 14 member states,* is conducting a two-year project in alcohol and drug education. The project was funded in June, 1971, by the National Institute of Mental Health to work with people in the SREB region who have state-level responsibility--assigned to them or voluntarily assumed by them--for developing alcohol and drug education programs. The project holds regional conferences and small group workshops for program directors to work together toward the solution of common problems, to benefit from successful and not-so-successful experiences of others, and to stimulate each other in the development of more effective approaches to alcohol and drug education.

In February, 1972, the project sponsored a workshop in New Orleans, Louisiana, to discuss issues related to drug education in the public school systems. Participants were drug education

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*The SREB member states are Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia and West Virginia.

coordinators in state departments of education in the region, teachers, school administrators, community program directors, teacher trainers, and state legislators.

This report reflects many of the thoughts which were brought out in the discussion sessions; however, responsibility for its final content rests with the SREB staff and does not necessarily represent a consensus among the groups.

The workshop addressed six major issues relevant to implementing drug education in the public school system. Although discussions were couched in the framework of "drug education," the reader should keep in mind that the issues raised and the resulting discussions have a much broader applicability.

We want to express our sincere appreciation to participants for the time and ideas they contributed to the workshop discussions. And especially we thank Dr. Helen Nowlis, Director of the Drug Education Program at the U.S. Office of Education, whose opening remarks to the conference stimulated thought and contributed to the productivity of the discussion sessions.

Xenia Wiggins, Project Director
Enhancing Drug Education in the South

PUBLIC SCHOOLS AND DRUG EDUCATION

In her opening statement to the SREB "Workshop on Drug Education in the Public School System," Dr. Helen Nowlis, Director of the Drug Education Program, U.S. Office of Education, remarked that in our attempts to deal with very complex problems, we continue to do more of what we have done in the past without examining how or if our solutions are relevant to the present problems. Is this true of our educational solution to the "drug problem"?

The traditional goal of education has been to provide knowledge of the language, literature, history, science and other subjects which society labels as necessary for the "well-rounded, educated" person. In many school systems, drug education has followed the traditional model, providing information about the effects of drugs, the sociological and psychological causes of drug use and the history of drug use. Where these programs have been tested, there has generally been little or no decrease in the rate of drug misuse; in some cases the rate has increased.

The knowledge model assumes that exposure to correct information will enable a person to make rational decisions. The assumption overlooks the possibility that the recipient of the information may not have learned mature decision making skills--how to use the information to select from alternative behaviors by recognizing and evaluating the possible consequences. The knowledge model has not proved very successful with cigarettes and alcohol. Perhaps there is a lesson to be learned here.

Most educators agree that the strict knowledge approach to alcohol education, sex education and drug education has limited effectiveness. The question, then, is what do we need to do differently? We are not suggesting that knowledge about drugs be eliminated from drug education programs, but perhaps we need to place knowledge in a secondary position and give our primary attention to fostering the development of personally and socially adaptive behavior. As Dr. Nowlis pointed out, in order to drive safely a person needs to know the traffic laws, how to operate his car, etc., but this knowledge alone does not ensure that he will refrain from speeding at 100 miles per hour down the highway. The knowledge that is provided in a drug education program should be based on the student's needs rather than on the needs the school system might want to impose on him. The drug education program should enable the student to answer such

questions as:

> Why shouldn't I try drugs, everyone else does?
> Are drugs as enjoyable as they sound?
> Why are drugs that are not habit forming made illegal?
> Which medicines are good and bad?
> How can we help people who use drugs?
> My brother takes dope, so what should I do?[1]

Drug education is a challenge to the total educational system. A major goal of education must be to help the learner develop personal living skills as well as knowledge. To be of value, the skills and knowledge learned must equip the learner with the ability to cope with living in the present and adapting to the future. The teacher should be a facilitator of learning and personal development rather than merely a dispenser of knowledge. This approach to drug education should help prepare a person to make sensible decisions about the problems that he will encounter throughout life.

Is it reasonable to expect our formal educational system to assume this responsibility? Many people would say it is not. They would insist that a child attends school to learn "Reading, Riting and Rithmatic," and to ask the school to take on personal living skills would be to admit that the family is abdicating its responsibilities.

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[1]These are some of the questions regarding drugs which were asked in response to a survey of health interests and problems of 5,000 students from kindergarten through grade twelve. For more information, see *Teach Us What We Want To Know*, Ruth Byler, Ed., Connecticut State Board of Education, 1969.

Others argue that the challenge to education is not asking the school to assume this responsibility by itself and therefore is not implying that the family give up any of its responsibilities; that to be effective the school must work in cooperation with the family, the church and other institutions of the community. The teacher is merely a partner in facilitating growth. Just as learning does not stop when a student leaves school, neither does personal growth stop when he leaves the family to participate in other social institutions. Inasmuch as a young person is in school from six to eight hours a day, the teacher has a responsibility to make that time contribute to the child's affective development as well as to his cognitive development. This should be a deliberate goal rather than an incidental occurrence.

As our knowledge increases in scope and depth and our technology becomes more advanced, the family alone can not adequately handle a child's cognitive education. Now that rapid social change seems to be the only constant, the values and life patterns that one generation learns may not be entirely appropriate to the next generation. Consequently, parents may need some help in their children's affective education. Children need an opportunity to learn the process of personally selecting their own values from the array of competing and often conflicting value systems to which they may be exposed. This would provide a child with a skill and flexibility that would help

prepare him for a changing world.

Adding affective education to the school's purview would not require that the cognitive element be cut out or even diminished. In fact, results from experimental classrooms indicate that where students' personal needs are being met, the traditional goal of education is reached more successfully. Basically, affective education would require a change in the way a teacher relates to the child and the way the subject is presented in class. Drug education should provide the student with the information he needs in a nonmoralizing manner and allow him the opportunity to examine his values and decide how he will use the information.

When and Where Should Drug Education Begin?

Many of the state legislatures in the SREB region have made it mandatory that drug education begin in the fifth grade and be incorporated in all subsequent grade levels. However, the mandate does not rule out the possibility of beginning it earlier, and most educators agree that it should start as soon as the child enters public school. Research conducted by the Orange County Department of Education (California) shows that the average age of initial recreational drug use is between nine and eleven years. If children in the fourth grade are making decisions about drug use, waiting until the fifth grade or later to prepare them for these decisions will be too late.

The school may never be able to help children from families in which poor health habits and attitudes are already established. Therefore, the first grade or kindergarten may be too late to begin drug education if the family has not done its job.

The question of where drug education should be taught in the school system is a difficult one to answer. Most educators agree that there is no need for a separate required course on drugs, VD, or whatever the current crisis is, but beyond this point of agreement, there is no consensus as to what existing courses should include drug education. Some educators feel that it should be incorporated in all courses of study, with each subject area handling the aspect of drug education that is appropriate to its domain. Others argue that this approach is idealistic and ignores the lack of coordination among separate curricular areas. The result, they predict, is much duplication and a number of disinterested teachers who lack sufficient knowledge to handle the responsibility. The alternative they suggest is to include drug education in other health topics such as nutrition and good health practices as a major area of study in a comprehensive health program.

This disagreement among educators suggests many dilemmas. Are we continuing to isolate drug-using behavior as if it were not related to the individual's total pattern of behavior? Perhaps

learning to classify psychoactive compounds according to their pharmacological properties is appropriate for science classes, and perhaps learning about medicines and how they affect the body should be included in health classes, but this information alone does not help a student cope with his own feelings and needs when peer pressure and curiosity tempt him to experiment with drugs. What process does the student employ in deciding whether or not he will try drugs, and how successfully does that process help him avoid problems? How can the school foster the development of a mature decision making process? Are decision making, coping, developing self-concept and valuing the responsibility of the health curriculum? In many schools the health curriculum is part of the physical education program. On the basis of the training they have received, are coaches really the most suitable category of teachers to handle students' emotional development? Can we even select a category of teachers? Perhaps we should choose teachers on the basis of their individual competence irrespective of the particular subject they teach.

What Educational Concepts and Methods are Appropriate for Various Developmental Levels?

The term "developmental level" is purposefully substituted here for "grade level." The first grade teacher may have a room filled with children around six years of age, but he will be working

with individuals at various stages of their physical, emotional and intellectual development. We can assume that the majority of students within rough age ranges are generally struggling with the same developmental tasks, but in our attempts to design programs and train teachers, we should not let our concern for the students in the middle of the normal distribution cause us to neglect those on the extremes.

Frequently our approach to drug education is to do that which is quickest, easiest, cheapest and has the most visibility rather than to think through what concepts based on what rationales are most appropriate for different levels. Many educators agree that the approach to drug education that we are suggesting here should have the development of a positive self concept as the objective for very young children. Teachers can help the child recognize and appreciate his uniqueness. The young child needs to understand and respect his body and develop a basic understanding of healthy functioning. This concept can build in complexity according to the developmental level of the child. The destructibility of the body is a difficult thing to learn. Perhaps the failure of many of us to acquire this seemingly simple notion accounts for the "it won't happen to me" syndrome that we see among so many adults. Children need to have some understanding of how the substances they put into their bodies affect their growth and why they must postpone

the use of certain substances that they see their parents using. They need to be aware of chemicals that are available around the house and the consequences of proper and improper use. They are often curious about how medicine works, why some people smoke, what alcohol is and what it does. Their curiosity may extend beyond personal use of chemicals to questions about pollution of the air and water.

As children grow in maturity and begin to accept more responsibility for their behavior, they need the opportunity to examine decisions they will make--or perhaps have made--regarding their personal drug use and how they handle problems involving other's drug use. Drug education which does not relate to the student's personal world and his real concerns does not delay or block his decisions, it merely misses the opportunity to play a helpful role in those decisions. In addition to relating to the personal world of the student at the present, drug education programs at each developmental level should anticipate drug use experiences he may encounter in an effort to have him consider ways in which he might handle the experience should it become a reality.

Perhaps the most important skill first grade or kindergarten students should learn is that of problem solving as a learning process. This skill increases, or builds in complexity, according to the student's developmental level. A child with a

particular interest in a mood modifying substance would learn how to translate his questions into problems, how to determine what knowledge and tools he needs to solve the problem and where to go to find the answers. Appropriate to his level, he would develop personal skills in learning how to make use of resources around him.

How Can the School Reach High Risk Students?

Survey after survey has been conducted across the nation to determine the extent of drug use in public schools, and educators report findings which draw more support from the community and more pressure from the legislature for programs in drug education. Have we been emphasizing the wrong side of the data coin in our interpretations of survey results? Many studies consistently show that, with the exception of alcohol, the majority of students do not use drugs to "turn on." A survey conducted among a sample of secondary school students in the Houston Independent School District shows that 78 percent of the students report having never used marijuana, the most popular of the drugs listed in the questionnaire, excluding alcohol and cigarettes.[2] (Only 41 percent report never

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[2]For more information, see *Drug Abuse: Impact on Education.* Findings and recommendations of the Drug Education Committee of the Board of Education of the Houston Independent School District, Houston, Texas, November, 1971.

using alcohol.) The Dallas Study (1970) and the Toronto Study (1969) show even higher percentages of nonuse of drugs. A recently published survey showing rural and urban patterns of drug use among a sample of junior and senior high school students in Georgia reflects similar findings.[3] Alcohol again is the most popular drug, with marijuana in second place. Seventy-four percent of the sample report having never used alcohol, and 93 percent report having never used marijuana. These percentages are for the total population surveyed; both studies show an increase in drug use with increasing grade level, and the Georgia study shows a slightly higher rate of drug use for urban areas. However, it is also important to remember that when frequency of use is controlled, a large proportion of students in the "have used" categories are merely experimenters and not drug dependent, and experimentation is much more likely to be with marijuana than with heroin. Of course, findings will vary depending on the school, and the question of validity can not be ignored. It is also possible that students are reporting more use than occurs in reality; when nonexistent drugs are added to the survey list, we generally find a comparable proportion reporting use.

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[3]For more information, see *A Study of Reported Drug Use in the Georgia School System*, Georgia Department of Public Health, March, 1972.

The point is that the majority of students do not appear to be in trouble with drugs. If we accept this, then we must reexamine the objectives of drug education. It is probably unrealistic to expect that education will prevent all experimentation or even occasional use of drugs at social gatherings. How, then, can the school identify and work with the relatively small high risk group--students who have the highest potential for problem behavior (including problem drug use, but not excluding the potential for other problem behaviors)? If we can successfully identify this potential, what other potential--perhaps more desirable--might we simultaneously recognize?

Who are the high risk students? There was no strong agreement on the answer to this question among participants at the New Orleans workshop. Many educators feel that the potential drug abuser is very often the nondescript student who has no interest in school or in extracurricular activities. He sits passively in class without doing anything--good or bad--to draw attention. On the other hand, a large number of educators say that it is not uncommon for drug abusers to be found among the brightest students--students who appear to have everything going for them. According to teachers' and parents' perceptions, they may have been considered "model children." Reports from the Haight-Asbury Clinic describe many of the young people with serious drug problems as being very bright, often honor students and

all having a poor self-image.

Often when teachers recognize a behavior problem in one of their students, they feel unsure about how to proceed and so hesitate to do anything. This is not to suggest that they be encouraged to act as psychologists. To the contrary, it is important that teachers be able to recognize exactly where their ability to help ends. But they often find themselves confronted with a student in crisis, or a student seeking help with a problem before it reaches crisis, and they must be able to assess the severity of the situation quickly and to determine their ability to cope with it. If the problem requires additional assistance, the teacher must be familiar with the resources available, be able to select the source of help most appropriate to the situation and encourage the student to seek this help without making him feel that the teacher has turned him away or turned him in.

How can the school help the high risk student who has not yet reached a crisis state? Several of the New Orleans workshop participants suggested that perhaps the most successful approach is to help students organize their own outreach groups. In addition to helping the student-client, a successful program would give the student-helper a sense of real responsibility and accomplishment and would help prepare him for his role as an adult in the larger society. Another

point in favor of this approach is that students may be better able than teachers to identify their high risk classmates.

The "rap-house" is one youth-organized and youth-run group which seems to be successful in many cases. It can range from an informal group where peers can discuss common problems to a counseling center where young people with critical problems can go for help. Of course, the second type would require professional personnel and in some states a license to operate. In addition to deciding what kinds of problems will be handled, an issue for consideration in organizing a rap house is the sponsorship with which it will be identified. In some schools, any program which is billed as "school sponsored" results in an immediate turn-off to students. Placing the rap house elsewhere in the community, if possible, will avoid an academic atmosphere and may also prove more successful in reaching dropouts who would not be likely to attend school programs. This does not mean that the school cannot help organize and support its operation.

What Issues Are Involved in Establishing a Policy to Handle Drug Discovery?

Some teachers are reluctant to help students with drug problems. This insecurity may be due in part to their uncertainty as to what information about the student's drug use they might be required to divulge, the immediate fate of the student, the possible effect on his future life and the personal consequences to the teacher--particularly if someone accuses him of mismanaging the situation. This

insecurity can be decreased somewhat if the school establishes a policy for handling drug discovery. A well publicized statement is useful to students in helping them form realistic expectations to guide their behavior.

The first issue in designing a school policy concerns the relationship the staff will establish with the students. Is the philosophy underlying the policy to be one of punishment or guidance? Should the school remove a disruptive student in the interest of his classmates, or should staff attempt to work with the transgressor within a supportive school system? "It would seem that the school staff should be concerned first and foremost with the *individual's welfare* and, therefore, with positive therapeutic approaches to student problems rather than with punitive solutions which are more properly the province of the courts."[4]

State departments of education can provide general guidelines for developing a school policy, but each school would then need to define specifically the procedures to be incorporated within general policies which govern all school behavior.

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[4] *School Drug Policies: A Guide for Administrators*, Massachusetts Department of Education, p. F.

Workshop participants suggested some of the following points for consideration in writing school policy:

1. *Policies must be flexible enough to deal with individual situations.* Blanket policies may be more efficient, but they overlook the severe consequences which administrative decisions may have for a student's future life plans.

2. *Rules must be enforceable.* The problem with some school dress codes, for example, is that often the "punishment" is far more severe than the "crime." When faced with a large number of transgressors, the school may find itself in an embarrassing public light by being forced either to carry through with the inappropriate measure or to back down. Perhaps the severity of "problem behavior" should be measured by the degree to which it interferes with a student's ability to learn or to the extent to which it disrupts his classmates.

3. *Every effort should be made to keep the student within the school system in a supportive, guidance relationship.* Suspension serves to remove the problem but does nothing to correct it.

4. *Schools should have a liaison with the police department.* The intent of this recommendation is not to get the school into law enforcement by providing names and information to the police, but rather to secure the support of police officials in allowing the school to handle its problems, avoiding dramatic scenes on the school grounds and providing the least damaging treatment possible for students who are apprehended by the police.

5. *Students should be meaningfully involved in writing and implementing all school policies which govern their behavior.* This may be accomplished more effectively through student selection of candidates and school-wide election of members to a student government, rather than having the administration select candidates before the election or bypass the election completely and appoint students directly to the governmental body. Some educators complain that in their experiences with peer elections, students have not taken their responsibility seriously and have selected representatives who were

> known to be "do nothings" and in several instances ever dropped out of school after the election. This response by students may reflect their attitude toward the effectiveness of the student government. If they feel that the election is no more than a formality and provides no real voice in school decisions that affect them, they may learn to play the game quite well. Regardless of how well the student government functions, there is always a chance that students will elect ineffective representatives. Is the risk any greater than the one we take in electing our public officials?

Even in schools having a successful student government, the principal may find it helpful to select a student advisory committee. The success of such a committee will depend on the perceptiveness of the principal and whether he chooses to use the information to enhance his relationship with the student body or whether he uses it to maintain discipline. Perhaps if the schools allow students to have more of a voice in their educational society, the next generation of adults will be better prepared to move into responsible positions after graduation.

Teacher confidentiality may be one of the most critical issues facing school administrators as they attempt to develop guidelines for handling drug discovery on campus. A student needing help with a drug problem will logically seek advice from someone who is not likely to use the information against him, or perhaps more accurately, who is not likely to be required to reveal information learned in confidence. Confidentiality in the family is not legally threatened; however, many people in trouble with drugs may also have poor

communication with their parents. Their source of help, then, will probably be friends or older brothers and sisters. Among adult alternatives, the teacher, by virtue of daily opportunities to know and be known by his students, perhaps has a greater potential for an effective guidance relationship than does the minister, doctor or professional counselor. Yet, both student and teacher often hesitate to become involved in such a relationship because of legal implications. The teacher may not be able to promote open communication and trust with the student and at the same time stay within the law.

Confidentiality is basically a legal issue, not a psychological one. The issue is what information communicated to a teacher by a student must be reported to the appropriate authorities and what information communicated in trust can be used against the student legally. Maryland was one of the first states in the SREB region to develop a confidentiality law concerning drug abuse counseling which includes the student-teacher relationship. A brief summary of the Maryland law, co-authored by legislator Steven Sklar of the Maryland House of Delegates, is included in the appendix of this report. The essence of the bill is that it rules any information communicated during drug counseling as inadmissible in court. However, it does not free the teacher from civil liability nor restrict his ability to release information when it is in the best interest of the

student (i.e., calling a physician when the student is physically ill from drugs).

It was suggested that in attempting to guide a confidentiality or inadmissibility bill through political hurdles, a coordinating group representing sympathetic legislatures, state departments of education, law enforcement, students, family and parent-teacher associations participate in helping to write the bill and to act as a lobby group in guiding it through the state legislature. The major opposition that develops is primarily from parent and conservative groups who perceive the bill as another governmental wedge being driven between parents and their children. This opposition can usually be muted if the bill neither prohibits nor necessitates the teacher's relating to parents or other officials information received in drug counseling, but only makes the information inadmissible.

Once a confidentiality law has been passed it is useless if not publicized. Consequently, guidelines should be developed concerning what the law does and does not cover, and these guidelines should be distributed to all teachers and students in the state. Workshops held by the county school boards describing the bill and its implications and implementations are also useful.

What is the School's Responsibility for Educating Parents?

In discussing the appropriate place to begin drug education, the point was made that certain self images and health attitudes needed to be instilled in very young children before they enter the public school system. The question, then, is does the school (in conjunction with other community agencies) have a responsibility to "educate" parents? What would be the objective of such education--increased parent effectiveness or increased parent knowledge of drugs and drug effects? Knowledge alone does not guarantee that parents will be effective in dealing with their children's drug use, and yet drug information programs are what many parents ask of the school, perhaps because they do not know what else to ask for.

If the school and the parents are not working together, certain problems are generally predictable. The teacher and the parents may find themselves at war over the child, with little support from one for what the other is doing. The student may find himself in the middle, with little or no opportunity to discuss his own feelings in the matter. The school may find resistance to new programs or new approaches to education if the parents feel that the programs are being imposed on them without their consideration. Many educators complain that the reason drug education has followed the knowledge model is that this is what parents demand. They claim that parents see programs which do not openly condemn drug use as supporting it.

Any attempt to implement nontraditional programs--particularly where students have the opportunity to choose the "wrong" values or make the "wrong" decision--may bring about strong reactions from parent organizations. On the other hand, educators who have involved parents from the very beginning in the design and implementation of drug education programs report strong cooperation from them.

"Educating" parents seems to have at least two objectives: to help them understand and hopefully support the rationale underlying new programs and to strengthen the partnership between the school and parents in preparing children for a satisfying personal life and functional role in society.

The PTA is not necessarily the most successful way to achieve these ends. At least two other methods have been used with success in some schools. One suggestion is to involve parents in a broadly based advisory committee. The committee may be set up for the drug education program or it may serve a broader advisory function. The second possibility is to set up small parent workshops, preferably in someone's home, where trained personnel can work informally with parents to help them deal with problem relationships and to increase the capacity of the family to meet members' needs. This approach seems to be very popular. Often waiting lists develop two or three times the workshop size.

What Additional Training Needs Does Drug Education Imply for Teachers?

The last session of the New Orleans workshop concerned training needs for current and future teachers. This session was purposefully scheduled at the end of the meeting because all of the preceding discussions had implications in this area. If good drug education is really "good education," and if we agree that we need to change the emphasis from the content of education to the process, then to what ends should we prepare our teachers? What is involved in being a facilitator of learning which requires training different from that required for a disseminator of information? Should teacher certification be based on demonstration of competence rather than on course work completed? We have all known teachers who have stimulated their students, have contributed positively to their affective as well as cognitive growth, and in short, have been in a real sense facilitators of learning. Our concern now is, how can we make the "good teacher" the rule rather than the exception? The teacher is, in the end, the person responsible for carrying any educational changes into the classroom.

One important issue to be considered is teacher selection for drug education. Selecting teachers for in-service training generally takes one of two approaches: either all "health educators" are designated for special training, or the teacher who has some free time is asked to assume the responsibility. Neither process assures

the selection of teachers most suitable for teaching drug education. Regardless of what process of selection is employed, it can only draw from the current pool of individuals who have chosen the teaching profession. To a large extent, entry into the teaching profession is a matter of self-selection; however, if the college preparation does not provide future teachers with accurate ideas and sensitivity as to what is actually involved in teaching, this ability of self-selection is hampered, and we have teachers entering the field with inappropriate expectations of what teaching really involves regardless of the particular content area.

If drug education is to be the responsibility of a limited number of teachers, their selection may be a decision in which students should participate. Would the effectiveness of a program be increased if the teacher already had the respect of and rapport with the students?

One of the important training needs may be to have teachers become aware of their own values and attitudes and the way they influence the classroom experience. The teacher should be aware of some of the subtle messages he unconsciously sends. How does he see his students--as people needing affection, respect and responsibility, or as children needing control and discipline? How does he see his role--as a teacher of subjects or a teacher of people? Does he compulsively maintain control in the class

or is there a degree of flexibility with time allowed for freedom to discuss individual interests? Is the teacher able to distinguish between accepted fact and his personal opinion, and does he make the class aware of the difference? How does he view growing up--as an exciting learning process or as a problem-filled burdensome experience? These are only several of the dispositions which will influence the teacher-student relationship and determine the nature of the educational process.

Another need is to prepare teachers to help students in the development of their personal values and attitudes. This should not be interpreted as asking the teacher to teach values. From the array of alternatives, how could we possibly select the "appropriate" values to be taught that would satisfy all parents? Rather, this implies a skill in the process of valuing, or freely choosing a position in regard to an issue (i.e., should marijuana be legalized?); carefully examining the behavioral consequences of that position, how strongly the value is held, and how it relates to other values which the individual holds. Specific techniques for valuing have been developed for classroom use.[5] They can be adapted to any developmental level or classroom subject.

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[5]For more information on valuing approaches which can be adapted to drug education see:

Brandt, Elizabeth R.; Bordbeck, Arthur J.; Moore, Avis, P.; and Troyer, W. Lewis. *Value Sharing: A Creative Strategy for American*

If the teacher can expect to find himself in a counselor role, then clearly there are training needs to prepare him for this responsibility. This does not mean that all teachers should be psychiatrists or professional counselors. Rather they should be able to handle simple counseling requests, assess the limits of their counseling skills and make appropriate referrals where needed. It is important that in this role the teacher see himself as a facilitator or mediator in the decision making process. He should not attempt to make the student's decisions for him. He should also know when and how to involve other significant people such as family members who have a part in the problem.

We have placed another demand on teachers as once again we look to education for the solution to a social problem. In so doing, we should remind ourselves that teachers are after all just people and not superhumans capable of being all things at all times. They are bound by the same system constraints we all face. It is the responsibility, then, of educational program planners to assess what we can realistically expect the classroom to accomplish. If our expectations

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are not realistic, then we should stop complicating the problem by demanding that the school become something that it can not be. If, on the other hand, we see changes that can be made and new responsibilities that do fall to the school--and particularly to the teacher--then it is only fair that we reexamine our training programs to ensure that they adequately prepare teachers to assume the job as we have defined it.

Where does change begin? Educational change is not as easy as it sounds on paper. We are still faced with some very real problems which will determine our success in implementing new ideas and techniques in the classroom.

First, how do we gain community support for the needed changes? Our real target for drug education is the adult population, in terms of their own drug use and attitudes, and particularly in terms of the mandates they have given the public school systems to institute a new course to attack each new problem of social concern. How can educators deal with the resistance they may encounter if the programs they design do not comply with the public mandate? In Orange County, California, the department of education organized a large advisory committee with broadly based community representation. When questions were raised about the drug education program or resistance was expressed

by agencies, organizations, newspapers, or whatever, a team of committee members would visit the source to explain the program more completely and to encourage involvement from the particular agency or newspaper. They found that much of the resistance could be attributed to lack of knowledge about the real nature of the program.

How can educators have a voice in state legislation so that it reflects real educational needs as closely as possible? A major problem here is that the persons who have the most direct path to the general assembly are also several times removed from the reality of the teacher-student experience. Clearly there needs to be frequent opportunity for valid, two-directional communication between the classroom and the state department of education and hopefully on to the legislature.

Finally, at least for this discussion, what happens to the values-and-attitudes approach to drug education when a principal or school superintendent sincerely believes that a school-wide assembly featuring the pharmacology of drugs and dangers of drug use is the best program? Does the agency called in for assistance refuse to help such a plan, does the agency try to persuade the principal to its point of view, or does the agency hide its disapproval of the assembly method and attempt to influence the tone of the assembly as much as possible? If a public agency such as the state department of education chooses

the first alternative, it is likely to be labeled "uncooperative," or "soft on drugs," and complaints may be made to supervisory departments.

People with responsibility for developing drug education programs are in positions to bring about change. To do so they must be excellent salesmen as well as creative planners. They must be willing to risk a battle with the system and the possibility of failure, for not to do so is to continue to do what we have done in the past.

APPENDIX A

MARYLAND LAW ON DRUG ABUSE
Analysis and Interpretations*

I. Students Seeking Advice from Educators for Drug Abuse Problems

A. Maryland law encourages and protects those students who seek information from teachers on how to overcome drug abuse problems.

B. Whenever a student seeks information for overcoming a drug problem from any educator (teacher, counselor or other pupil services specialist, administrator), no statement made by the student or observations made by the educator during the information/counseling session is admissible in any proceeding. This means no criminal conviction or school disciplinary action can result from what was said or done during this conference between the student and educator.

C. Educators who meet with students are under no legal duty to inform the parents of that student about his or her visit or drug abuse problem.

D. The law further states that educators cannot be compelled by the school administration or other authorities to divulge the identity of any student who seeks drug abuse information.

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*Reprinted from the report of the Drug Counseling Guidelines Committee. For further information, contact Committee Chairman Dr. John S. Jeffreys, Consultant in Guidance, Maryland State Department of Education, Baltimore.

II. Student Seeking Treatment from Medical Personnel for Drug Abuse Problems

A. Any young person, including those under eighteen years of age, may be treated by a physician for any form of drug abuse without his or her parent's consent. The treating physician is under no legal duty to inform the parents of any minor under his treatment for drug abuse.

B. Whenever a person seeks counseling or treatment for drug abuse from a physician, psychologist, hospital, or authorized drug abuse program, no criminal convictions may ensue from the contents of those sessions. The law requires that any statement made by a person seeking help or any observation made by the one treating him is not admissible in court or in any other proceeding.

III. Drug Violations Under Criminal Law

A. It is unlawful to possess (to have control over) any drug defined as a controlled dangerous substance. This crime is a misdemeanor and punishable on the first conviction by a maximum of four years' imprisonment. Possession of marijuana is punishable on the first conviction by a maximum of one year imprisonment.

B. It is unlawful to distribute (to transfer, with or without the exchange of money) any drug which is defined as a controlled dangerous substance. This crime is a felony and is punishable on the first conviction by a maximum of 20 years' imprisonment if a narcotic drug is involved, and five years if a non-narcotic drug.

C. It is unlawful to distribute or possess controlled paraphernalia. "Paraphernalia" includes hypodermic syringes, needles or other instruments used to administer drugs, as well as gelatin capsules, glassine envelopes, and other packaging equipment intended to be used in the distribution of drugs. This crime is a misdemeanor and punishable on the first conviction by a maximum of four years' imprisonment.

D. Second and subsequent convictions under Maryland's drug laws are punishable by a maximum of double the sentence for first convictions of that offense.

E. When any person is convicted of a first offense under Maryland's drug laws, the court in its discretion may place the defendant on probation without finding a verdict of guilty. Upon successful completion of the term of probation by the defendant, the court shall discharge the proceedings and order all criminal records be expunged.

General Professional Guidelines

I. Every case in which a student seeks counseling or information from a professional educator for the purpose of overcoming drug abuse must be handled on an individual basis, which will depend upon the nature and particulars of the subject case. In determining what procedures might be appropriate, the educator from whom such information is sought shall consider the following factors:

A. Age of Student

B. Type of Drug

C. Intensity of Involvement

D. Sincerity of Student and Willingness to Undertake Appropriate Treatment

E. Resources Available

F. Parental Involvement

II. As in any good helping relationship the educator at the earliest appropriate time, is encouraged to discuss the availability of other resources, his professional limitations, and the desirability of parental involvement. Decisions to include parents should be made *jointly by the student and educator*, unless in the judgment of the

educator, the mental or physical health of the child is immediately and dangerously threatened.

III. The law on confidentiality places no duty on the part of educators to inform parents, administrators, or law enforcement personnel, of the identity of students seeking help for overcoming drug abuse problems.

IV. While confidentiality is a major force in enhancing help-seeking by current or potential drug abusers, educators are cautioned to obtain professional medical advice or to refer the student to the appropriate available medical facility, if there is an immediate and dangerous threat to the student's physical or mental health. As in the performance of any professional role, failure to act reasonably in a drug counseling case may subject the educator to civil liability.

V. Examples of immediate and dangerous threats to a student's health are: loss of consciousness, severe intoxication, inability to communicate coherently or threat of suicide.

VI. When an educator comes into possession of a substance suspected to be a drug, the material should be placed in the custody of the principal who will contact the appropriate law enforcement agency. When such suspected substances are received by any member of the school faculty, the following steps should be taken:

A. Immediately place the substance in an envelope or other container and label the container with date, time, and circumstances. NOTE: When such substances are acquired by an educator *during a counseling/information seeking conference, the name of the student should not be indicated.* In all other instances where an educator comes into possession of drugs, the name of the individual should be carefully noted.

B. Do not taste the suspected substance under any circumstances.

C. At the earliest opportunity, turn the material over to the principal who in turn will keep it under lock and key.

D. The principal or person holding the substance in every case should notify the local or state police and turn over all substances to the police.

E. The educator should obtain a receipt from the principal for the suspected drug. It should include a statement as to the quantity turned over. It should be remembered that no authority has been given to any school personnel to possess any prohibited drug or paraphernalia except during transfer to proper authorities. (See Appendix for Public School Laws--Bylaw (Ps 349-351) - Reporting Crimes.)

VII. Helping role contacts with students seeking to overcome a drug problem should be held on school premises whenever possible.

VIII. If an educator feels he is incapable of providing adequate help for a student, or feels his counseling can no longer benefit the student, the educator and student should cooperatively seek additional professional help from available sources.

IX. Any written information pertaining to or about the information seeking counseling session should be regarded as the personal notes of the educator. No record should be kept in any official school file or folder.

X. All educators should have access to a list of available resources in their community where students with drug problems may be referred for help. (It would also be beneficial to have in each school a drug resource person who could act as a sharing person to aid an educator involved in counseling a drug involved student.)

XI. In the general classroom situation, teachers should not attempt to diagnose symptoms of drug abuse. Because of the difficulty of determining such symptoms, it is suggested that if a student is physically or mentally incapable of functioning properly in class, he should be sent to the school health facility where the usual school health referral procedures should be followed.

APPENDIX B

PARTICIPANTS

Drug Education in the Public School System

Ed Aldrette
Executive Director
Committee on Alcoholism and
Drug Abuse, Greater New Orleans
410 Chartres Street
New Orleans, Louisiana 70117

Shirley Arrighi
Consultant
Physical Education and Recreation
State Department of Education
Baton Rouge, Louisiana 70804

Chris Barker, Chairman
North Carolina Drug Authority
204 North Person Street
Raleigh, North Carolina 27601

Jim Brannon
The National Institute of
Mental Health
Region IV
50 Seventh Street, N.E.
Atlanta, Georgia 30323

Sam Brito
The National Institute of
Mental Health
Region VI
1114 Commerce Street
Dallas, Texas 75202

Martha Buckley, Coordinator
Drug Education Project
State Department of Education
Charleston, West Virginia 25303

Joan Clayton, Teacher
Mount Hebron High School
9440 Route 99, Ellicott City
Howard County, Maryland

Llewellyn Cole
Science Supervisor
Kanawha County Schools
Charleston, West Virginia 25305

Larry Dixon, Coordinator
Drug Education Project
State Department of Education
Montgomery, Alabama 36104

Louise Dooley, Director
Division of Drug Education
Texas Education Agency
Austin, Texas

Don Dunson, Director
Drug Abuse Project
New Hanover Schools
Box 290
Wilmington, North Carolina 28401

John Elkins
Instructional Supervisor
Bourbon County Schools
Paris, Kentucky

Bob Griffin, Director
The Bridge
65 11th Street, N.E.
Atlanta, Georgia 30309

Jim Gumm, Coordinator
Curriculum and Supervision
State Department of Education
Nashville, Tennessee 37219

Doug Hamrick
Drug Consultant
State Department of Education
Rutledge Office Building
Columbia, South Carolina 29201

Charles Holladay
Superintendent
Tupelo City Schools
P.O. Box 557
Tupelo, Mississippi 38801

Jim Keim
Drug Education Coordinator
600 Wyndhurst Avenue
Baltimore, Maryland 21210

Frances Mays
Supervisor of Health and
Physical Education
State Department of Education
Richmond, Virginia

Mike McAnaney
Community Trainer
Columbia Drug Abuse Education
Project
1104 Taylor Street
Columbia, South Carolina 29201

Louis Morelli, Coordinator
Drug Education Project
State Department of Education
377 Knott Building
Tallahassee, Florida 32304

Helen Nowlis, Director
Drug Education Program
Office of Education
Department of Health, Education
and Welfare
Seventh and D Streets, S.W.
Room 4624
Washington, D.C. 20202

Fred Proff, Chairman
Guidance and Counseling
Department
University of Houston
Houston, Texas

Louise Richards
Center for Studies of Narcotics
and Drug Abuse
National Institute of Mental Health
5600 Fisher Lane
Baltimore, Maryland 20852

Edward Robinson
Drug Education Coordinator
State Department of Education
Baton Rouge, Louisiana 70804

Hal Salisbury, Director
Guidance and Testing Center
Western Carolina University
Cullowhee, North Carolina 28723

Frank Schneider
Assistant Superintendent
P.O. Box 1327
Mobile, Alabama 36601

George Shackleford
Health and Safety Education
State Department of Public Instruction
Raleigh, North Carolina 27602

Steven Sklar, Delegate
Maryland House of Delegates
Suite 2200
Arlington Federal Building
201 North Charles Street
Baltimore, Maryland 21210

Rendel Stalvey, Consultant
Health and Physical Education
State Department of Education
47 Trinity Avenue
Atlanta, Georgia 30334

Patricia Tennant
Coordinator, Drug Abuse Office
Department of Health and Rehabilitative Services
Region IV
P.O. Box 629
Jacksonville, Florida 32201

Judy Thompson, Teacher
3705 Bunker Hill Road
North Little Rock, Arkansas 72216

George Woods
Director of Drug Programs
State Department of Mental Health
Frankfort, Kentucky 40601